Receipt date: 07/08/2009

PTO/SB/08a (03-09)
Approved for use through 04/30/2009, OMS 0651-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE bond to a collection of information unless it contains a valid OMS contral auribuse.

Und	Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.						
Substitute for form 1449/PTO				Complete if Known			
				Application Number	10/518,006 - Conf. No. 6705		
II.	VEORMATION	I DI	SCLOSURE	Filing Date	December 14, 2004		
s	TATEMENT B	3Y /	APPLICANT	First Named Inventor	Kauko JANKA		
				Art Unit	1791		
	(Use as many sh	eets a:	s necessary)	Examiner Name	John M. Hoffman		
Sheet	1	of	1	Attorney Docket Number	43289-211640		

U.S. PATENT DOCUMENTS						
Examiner Initials*	Cite No.1	Document Number Number-Kind Code ² (if known)	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear	

		F	OREIGN PATE	NT DOCUMENTS		_
Examiner Initials*	Cite No.1	Foreign Patent Document Country Code*—Number*-Kind Code 5 (if known)	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear	Te
/JH/	B1	JP5105471 (A)	04-27-1993	FUJIKURA LTD.		X
/JH/	B2	JP59131537 (A)	07-28-1984	CORNING GLASS WORKS		X
	В3					П

NON PATENT LITERATURE DOCUMENTS					
Examiner Initials	Cite No.1	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where publisher.	T²		
/JH/	C1	Office action issued June 9, 2009 in counterpart Japanese patent application 2004-516824.			

^{*}EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

Examiner Signature /John Hoffmann/	Date Considered	07/16/2009
---------------------------------------	--------------------	------------

^{&#}x27;Applicant's unique citation designation number (optional) *Applicant is to place a check mark here if English language Translation is attached